



Department of Environment and Conservation - Division of Water Pollution Control
Tennessee Multi-Sector General Permit (TMSP)

ANNUAL STORM WATER MONITORING REPORT

| | | | |
|--|-------------------------------|-------------------------------------|--------------|
| Facility Name: | Mueller Company - Chattanooga | TMSP Number: | TNR051467 |
| Contact Person: | Lauren Holcomb | Phone Number: | 423-698-8811 |
| This report is submitted for the following calendar year (e.g. 2002): | 2013 | Outfall Number: | 001 |
| List all TMSP sectors which apply to discharge from this outfall: | F, L, AA, P | Sample Date: | 12/14/2013 |
| Low Concentration Waiver (Note 3): list all parameters for which the facility is certifying that there has not been a significant change in industrial activity or the pollution prevention measures in the area of the facility that drains to the outfall for which sampling was waived: | | ENTERED ON: <u>1/1</u> BY: _____ | |

In the spaces below, provide the results of storm water monitoring for the designated outfall. The parameters for which monitoring must be conducted depend on which industry sector(s) of the TMSP applies to the discharge. Look up your sector(s) in the permit and analyze for the parameters which apply. If parameter is not listed below, submit additional sheets. All samples should be collected by grab technique.

| Parameter | Cut-off Conc. (mg/L) | Annual Sample Result (mg/L) | Parameter (continued) | Cut-off Conc. (mg/L) | Annual Sample Result (mg/L) |
|-----------------|----------------------|-----------------------------|------------------------------|----------------------|-----------------------------|
| Aluminum, Total | 0.75 | <0.01 | Magnesium, Total | 0.0636 | 14.8 |
| Ammonia | 4.0 | | Mercury, Total | 0.0024 | |
| Arsenic, Total | 0.16854 | | Nickel, Total | 2.679 | |
| BOD, 5-Day | 30 | | Nitrate + Nitrite Nitrogen | 0.68 | <0.06 |
| Cadmium, Total | 0.0159 | | Oil and Grease | 15 | |
| COD | 120 | <50 | pH | 5.0-9.0 | |
| Copper, Total | 0.0636 | 0.01 | Phosphorus, Total (as P) | 2.0 | |
| Cyanide, Total | 0.064 | | Selenium, Total | 0.2385 | |
| Fluoride | 1.8 | | Silver, Total | 0.032 | |
| Iron, Total | 5.0 | 0.84 | Total Suspended Solids (TSS) | 200 | <4 |
| Lead, Total | 0.156 | | Zinc, Total | 0.395 | 0.04 |

I certify under penalty of law that this document and all of its attachments were prepared under my direction or my supervision in accordance with a system designed to assure qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | |
|--|-------------------------------|---------|
| Lauren Holcomb / Environmental Coord. | <i>Lauren Holcomb</i> | 3/26/14 |
| Printed Name and Title of Authorized Agent | Signature of Authorized Agent | Date |

Instructions

- The purpose of this form is to report storm water (SW) monitoring results under the TMSP. **Only 1 sample per calendar year is required** (except Sectors J & H, for more details see the TMSP at www.tdec.net/permits/tmsp.htm). Grab samples should be collected within the first 30 minutes (or as soon thereafter as practical, but not to exceed one hour) of when the runoff or snowmelt begins discharging. A separate form must be submitted for each outfall. If more than 1 sample is collected at any outfall, submit the average results of all monitoring data (for calculating average, use 1/2 of a detection level, if parameter was not detected). New facilities must conduct sampling in the year during which permit coverage was obtained and during each following year. The completed form must be submitted by March 31 of the following year, e.g. monitoring required during 2002 calendar year is due by March 31, 2003.
- If the results of annual SW runoff monitoring demonstrates that the facility has exceeded the cut-off concentration(s), the permittee must inform the Division's local Environmental Assistance Center (EAC) in writing within 30 days from the time SW monitoring results were received, describing the likely cause of the exceedance(s). Furthermore, within 60 days from the time SW monitoring results were received, the facility must review its storm water pollution prevention plan (SWPPP), make any modifications or additions to the plan which would assist in reducing runoff concentrations to less than the monitoring cut-off concentrations for that parameter, and submit to the local EAC a summary of the proposed SWPPP modifications (including a timetable for implementation).
- Low Concentration Waiver - When the average concentration for a pollutant calculated from monitoring data collected from the first 4 calendar years of monitoring is less than the cut-off concentration, a facility may receive certification of low concentration waiver provision.

Complete, sign and date this form before it is submitted. Keep a copy of the completed form for your records.
Submit the original of the completed and signed form.

| | |
|---|----------|
| Enforcement and Compliance Section Division of Water Pollution Control 6 th Floor L&C Annex, 401 Church Street Nashville, TN 37243-1534 | RECEIVED |
|---|----------|

ANALYTICAL INDUSTRIAL RESEARCH LABORATORIES, INC.

State of Tennessee (ID #02034)

Alabama Dept. of
Environmental Management
(ID #40780)

IS NOW
AIRL, INC.

1550 37TH ST., NE
CLEVELAND, TN 37312
423.476.7766 FAX: 423.476.7714

Scope of Accreditation:

Wastewater, Surface Water, Ground Water,
Drinking Water, Solids, Hazardous Waste, Soils,
Sediments, and Sludges.

Lab Report 269307

8388

Safety and Environmental Compliance

Attention: Jim Morgan

136 Fair Oaks Ct.

Cleveland, TN 37323

Date Received 12/16/2013

Date Sampled 12/14/2013

Date Requested 12/27/2013

Rush Status Normal

Phone (423) 584-0953

Extension

☒ Fax (423) 373-1866

☒ eMail: jimmorgan180@gmail.com

PO#

Sample Information

Mueller - Chattanooga Qtr. 4 of 2013
Stormwater

Lab Report: 269307

| | Result | LCL | Method | SDL | Date | Time | Analyst |
|-----------------------------|------------|------|------------|------|------------|-------|---------|
| Aluminum (Al) | <0.01 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| Copper (Cu) | 0.01 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| Iron (Fe) | 0.84 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| Magnesium (Mg) | 14.8 mg/L | 0.01 | 200.7 | 0.05 | 12/17/2013 | 15:08 | DWJ |
| Zinc (Zn) | 0.04 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| COD | <50 mg/L | 50 | 5220C | 50 | 12/16/2013 | 8:45 | KEP |
| Nitrate/Nitrite as Nitrogen | 0.06 mg/L | 0.05 | 4500-NO3-E | 0.05 | 12/19/2013 | 8:00 | JAG |
| TSS | <4 mg/L | 4 | 2540D | 4 | 12/17/2013 | 8:45 | KEP |

Lowest Calibration Level [LCL] - reporting limit; Sample Detection Level [SDL] - Sample Specific

QA/QC Procedures required by the Method(s) were followed unless otherwise noted. Performance and acceptance standards for required QA/QC procedures were achieved unless otherwise noted. No significant modifications have been made to the Method(s). I attest that, based upon my inquiry of those individuals immediately responsible for reviewing the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.

These results relate only to the items tested. This report shall not be reproduced except in full and with permission of this laboratory. The laboratory retains sole ownership of data until full reimbursement has been made.

Report approved by:


TECHNICAL DIRECTOR

TN DEPT OF ENVIRONMENT
AND CONSERVATION

APR 01 2014

DIV OF WATER RESOURCES
RECEIVED

ANALYTICAL INDUSTRIAL RESEARCH LABORATORIES, INC.

State of Tennessee (ID #02034)

Alabama Dept. of
Environmental Management
(ID #40780)

IS NOW

AIRL, INC.

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Date Requested 12/27/2013

Rush Status Normal

Phone (423) 584-0953

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☒ Fax (423) 373-1866

☒ eMail: jimmorgan180@gmail.com

PO#

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Stormwater

Lab Report: 269307

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|-----------------------------|------------|------|------------|------|------------|-------|---------|
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| Copper (Cu) | 0.01 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| Iron (Fe) | 0.84 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| Magnesium (Mg) | 14.8 mg/L | 0.01 | 200.7 | 0.05 | 12/17/2013 | 15:08 | DWJ |
| Zinc (Zn) | 0.04 mg/L | 0.01 | 200.7 | 0.01 | 12/16/2013 | 15:42 | DWJ |
| COD | <50 mg/L | 50 | 5220C | 50 | 12/16/2013 | 8:45 | KEP |
| Nitrate/Nitrite as Nitrogen | 0.06 mg/L | 0.05 | 4500-NO3-E | 0.05 | 12/19/2013 | 8:00 | JAG |
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Lowest Calibration Level [LCL] - reporting limit; Sample Detection Level [SDL] - Sample Specific

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Report approved by:


TECHNICAL DIRECTOR

Quarterly Visual Examination of Storm Water Quality

Date: 3/9/2013 Time: 1:00pm Examiner: Chris Carter

Type of Event: Wet Amount of Precipitation: 0.43 Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather Dry Dry Weather Check _____

Outfall 1 (check appropriate description)

| | | | |
|------------------|--|---|---|
| Color | <input type="checkbox"/> Clear | <input checked="" type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input checked="" type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark <input type="checkbox"/> |
| Floating Solids | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature: _____

Handwritten signature

Date: _____

Handwritten date: 3/9/13

Quarterly Visual Examination of Storm Water Quality

Date: 2/18/2013 Time: 2:00PM Examiner: Chris Carter

Type of Event: Dry Amount of Precipitation: _____ Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather Dry Dry Weather Check _____

Outfall 1 (check appropriate description)

| | | | |
|------------------|---|---|---|
| Color | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input checked="" type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description) NF

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description) NF

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature: _____

1372

Date: _____

2/18/13

Quarterly Visual Examination of Storm Water Quality

Date: 5/30/2013 Time: 2:00pm Examiner: Chris Carter

Type of Event: Dry Amount of Precipitation: 0 Time Since Last Storm Event: >2 days

Wet Weather or Dry Weather Dry Weather Check

Outfall 1 (check appropriate description)

| | | | | |
|------------------|---|--|-------------------------------------|---------------------------------|
| Color | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color | |
| Odor | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong |
| Clarity | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark | |
| Floating Solids | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Foam | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Oil Sheen | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | | |
|------------------|--------------------------------|--|-------------------------------------|---------------------------------|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color | |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark | |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | | |
|------------------|--------------------------------|--|-------------------------------------|---------------------------------|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color | |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark | |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature: 

Date: 5/30/13

Quarterly Visual Examination of Storm Water Quality

Date: 6/20/2013 Time: 5:00pm Examiner: Chris Carter

Type of Event: wet Amount of Precipitation: 0.14 Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather wet Dry Weather Check _____

Outfall 1 (check appropriate description)

| | | | |
|------------------|---|--|---|
| Color | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

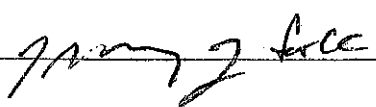
| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature:  Date: 6/20/13

Chattanooga, TN

Dry - Quarterly Visual Examination of Storm Water Quality

Date: 8/29/2013 Time: ~2:30 Examiner: Jim Morgan

Type of Event: Dry Amount of Precipitation: 0 Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather: Dry Weather Check

Outfall 1 (check appropriate description)

| | | | |
|------------------|---|---|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> No issues to note. | | |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature: Jim Morgan Date: 8/29/2013

Wet Weather – Chattanooga, TN
Quarterly Visual Examination of Storm Water Quality

Date: 9/25//2013 Time: 10:10am Examiner: Jim Morgan

Type of Event: Wet Amount of Precipitation: > 1/10" Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather: Wet Weather

Outfall 1 (check appropriate description)

| | | | |
|------------------|--|--|---|
| Color | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input checked="" type="checkbox"/> Clear (Lt Brown) | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature: Jim Morgan Date: 9/25/13

Chattanooga, TN

Dry - Quarterly Visual Examination of Storm Water Quality

Date: 12/26/2013 Time: 11:21am Examiner: Jim Morgan

Type of Event: Dry Amount of Precipitation: 0 Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather: Dry Weather Check

Outfall 1 (check appropriate description)

| | | | |
|------------------|--------------------------------|---|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | No issues to note. | | |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

No issues to note - minor housekeeping is recommended (ie. trash pickup, damaged pallets, etc).

Inspection Completed By:

Signature: Jim Morgan Date: 12/26/2013

Wet Weather – Chattanooga, TN
Quarterly Visual Examination of Storm Water Quality

Date: 12/14/2013 Time: 6:52am Examiner: Jim Morgan

Type of Event: Wet Amount of Precipitation: > 1/10" Time Since Last Storm Event: >3 days

Wet Weather or Dry Weather: Wet Weather

Outfall 1 (check appropriate description)

| | | | |
|------------------|--|--|---|
| Color | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input checked="" type="checkbox"/> Clear (Lt Brown) | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Outfall (check appropriate description)

| | | | |
|------------------|--------------------------------|--|---|
| Color | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Murky | <input type="checkbox"/> Dark Color |
| Odor | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Strong |
| Clarity | <input type="checkbox"/> Clear | <input type="checkbox"/> Slightly Opaque | <input type="checkbox"/> Dark |
| Floating Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Settled Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Suspended Solids | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Foam | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |
| Oil Sheen | <input type="checkbox"/> None | <input type="checkbox"/> Slight | <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |

Comments:

Inspection Completed By:

Signature: Jim Morgan

Date: 12/14/2013